



State Agency Report on the Use of Mental Health Services Act Funding

Report to the California Department of Mental Health

January 2011

**California Managed Risk Medical Insurance Board
Benefits and Quality Monitoring Division**



MRMIB
MHSA Progress Report*
Fiscal Year 09-10
Reporting Period: July 1, 2010 – December 31, 2010

Department Managed Risk Medical Insurance Board

1. Identify 2-3 highlights for this reporting period

- Mental Health Services/Substance Abuse Services Evaluation contract activities this period have included holding focus groups with subscriber parents.
- Staff has expanded the HFP health plan data collection tool template for the HFP Annual Mental Health and Substance Abuse Services Report.

2. Please list all the goals/objectives/activities/deliverables for this reporting period as listed in the MOU work plan and provide an update.

Goal 1 – Improve the existing services delivery system for children in HFP who have SED.					
	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
Activities: <ul style="list-style-type: none"> o Participate with DMH and other workgroups to develop agenda items that MRMIB has identified as a high priority, such as the coordination of care between the health plans and the counties. 	Ongoing	MRMIB staff routinely negotiates between HFP health plans and county mental health departments in order to achieve member access to services and/or prescriptions for SED conditions. Activities include: <ul style="list-style-type: none"> o Working with county mental health department liaisons and providers to ensure SED referrals are routed correctly between health plans 	The existing MOU for SED services between HFP plans and county mental health departments is under revision. Policy and program issues to be clarified include SED referral form and response form templates, referral forms, referral processes and accountability procedures (updated due to federal mental health parity), medical necessity and implementation of federal mental health and	The Mental Health MOU Workgroup was formed for the purpose of clarifying and updating the existing MOU template which has been in place since the early years of the HFP. The workgroup met in August and October of 2010 and the group is comprised currently of county mental health directors.	MRMIB staff will attend conferences and presentations, as funds allow. MRMIB staff were unable to attend the October 12-14, 2010 ADP Conference, “Strongest Together: Building Quality Services During Challenging Times” held in Sacramento, California. The target completion date for the MOU is December 31 2010 for use in the HFP 2010/11 benefit year.

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		<p>and county mental health departments.</p> <ul style="list-style-type: none"> ○ MRMIB continues to work with the counties and the Department of Health Care services to ensure the Medical Eligibility Data System (MEDS) screens are updated to reflect “no other health coverage.” There have been repeated cases in MEDS where the data fields have contained inaccurate data. Without assistance from MRMIB staff, the HFP members would be unable to access mental health services. Accurate MEDS screens will ensure that HFP members can access services without delays. 	<p>substance abuse parity requirements.</p> <p>Implementation of Health Care Reform and CHIPRA (Children’s Health Insurance Program and Reauthorization Act) requires mental health and substance abuse parity. Parity updates have been made to the:</p> <ul style="list-style-type: none"> ○ CCR Title 10 (for HFP and AIM) ○ HFP model health contract ○ plan’s evidence of coverage (EOC) ○ HFP handbook 		<p>We had one vacant position as of June 23, 2010.</p>
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Goal 2 – Increase utilization of HFP mental health and substance abuse benefits.					
<p>Activities:</p> <ul style="list-style-type: none"> ○ Conduct an evaluation of health-plan provided mental health and substance abuse services. ○ Identify best practices, and make recommendations for changes to processes and policies and to facilitate data sharing between the plans, providers and the counties 	<p>Report due June 30, 2010.</p>	<p>The Mental Health/Substance Abuse Evaluation by APS was completed June 30, 2010, and a report to the MRMIB Board took place September 15, 2010. To view the full report go to this link:</p> <p>http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_091510/Agenda_item_8.e_2010_HFP_Mental_Health_and_Substance_Abuse_Services_Evaluation_Report.pdf</p>		<p>Revision, printing and reproduction of SED brochure.</p>	<p>MRMIB will be implementing the following recommendations from the APS evaluation:</p> <ul style="list-style-type: none"> ○ Improve interface between primary care providers and behavioral health providers. ○ Improve mental health and substance abuse screening, access and treatment engagement. ○ Improve provision of substance abuse services. ○ Improve the tracking of mental health and substance abuse services quality and outcome data. ○ Implement targeted outreach strategies. ○ Increase parental support and education. <p>Distribution of SED brochure to HFP plans, CMHDA and DMH (for distribution to counties)</p> <p>Posting of SED brochure to HFP and MRMIB websites</p>

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Goal 3 – Facilitate coordination between HFP health plans and county department of mental health (mental health plans), and between MRMIB, DMH, DHCS, ADP, and the DMHC.					
Activities: <ul style="list-style-type: none"> Conduct quarterly work group meetings with participating HFP plans, county mental health department representatives, County Mental Health Directors Association (CMHDA), and DMH staff to discuss issues/concerns regarding SED referrals and coordination of care. Work with DMH staff each year to obtain county provided SED case and expenditure data for HFP members with SED conditions. Communicate and collaborate on efforts between MRMIB, DMH, CMHDA, Mental Health Irregulars and ADP to address SED, substance abuse and co-occurring disorder issues. Implementation of federal mental health and substance abuse parity requirements. 	Ongoing	MRMIB held mental health workgroups in January and April 2010. The Mental Health Workgroup schedule and meeting notes are posted at the following web location: http://www.mrmib.ca.gov/MRMIB/Mental_Health_Workgroup/MHW_agendas_minutes.html	An Issue that is outstanding is Serious Emotional Disturbance (SED) coordination of care.	Develop, modify, and communicate the standards, processes and procedures that participating HFP plans use to ensure consistent, measurable/accountable data and coordination of services.	<p>A MH Workgroup was held August and October, 2010. The workgroups are held on a quarterly basis.</p> <p>The next workgroup will be held in February 2011.</p>
	February 15, 2011	<p>Revising the annual mental health report template for benefit year 2010/2011.</p> <p>Work successfully with CMHDA this past reporting period to:</p> <ul style="list-style-type: none"> Obtain quarterly updated list of county mental health department liaisons. Work through SED carveout policy issues 		<p>MRMIB's annual MH report template has been revised to improve the accountability of mental health data and mental health screening tool information provided by health plans.</p> <p>CMHDA and DMH is assisting with the MOU revision and has provided technical support to counties upon MRMIB's request.</p>	
	December 31, 2010	Implementation of federal mental health and substance abuse parity requirements.			

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Goal 4 —See Goal #2					
Activities: See Goal #2	Completed September 15, 2010				See Goal #2
Goal 5 - Increase utilization of HFP mental health benefits (To be done once APS Healthcare has completed and reported on the evaluation of mental health and substance abuse services provided by the HFP health plans. Does not contain goals/objectives/activities/deliverables for this reporting period.)					
Activities: Inpatient Utilization Inpatient/Outpatient Utilization by languages MRMIB will be proposing changes to HFP 2011-2012 Contract template: <ul style="list-style-type: none"> ○ Early behavioral health screening. ○ Enhanced reporting of behavioral health screening activities. 	Propose in Contract for implementation 10/1/12	Propose the following changes to Mental Health Utilization report to include the reporting of the following: # of children screened between the ages of 0-5. [This is subject to negotiations with plan partners.]			

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Goal 6 – Develop strategies for improving health plan reporting of SED referrals as well as provision of mental health and substance abuse services.					
Activities: <ul style="list-style-type: none"> Emphasize understanding of the SED referral process and the plan-county MOU. Identify plans' data reporting challenges and work with the plans to resolve. Identify best practices, and make recommendations for changes to plan data reporting elements, referral processes and plan-county collaboration to enhance data integrity and data collection. 	Beginning August 2009 for reports due at end of 09/10 benefit year	Staff reviewed plan provided data and processes and identified some plan data challenges in its 2009 Mental Health and Substance Abuse Services Report. Staff will change the report template to better address these challenges. Successful implementation of the revised MOU will include enhanced communication regarding SED referrals.		Some of Goal 6 activities overlap with goals 1 and 3 activities.	The RPSI position was vacated June 23, 2010; MRMIB has advertised to fill the vacancy and is awaiting approval to fill the position due to the hiring freeze.

Submit electronic copies of reports by January 31, 2011 to:
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 Community Services Division
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